

SECRET

(When Filled In)

REPORT OF TRAINING AT NON-CIA FACILITY

(Forward Original and One)

25X1

TO : Director of Training
 ATTN : Registrar/TR
 THROUGH: Training Officer

1. FACILITY ATTENDED

U.S. Civil Service Commission
 Washington, D.C.

3. NAME AND DESCRIPTION OF PROGRAM

Adverse Actions - A course designed to provide a summary of procedures established by the USCSC in handling adverse actions, including RIF. Workshop sessions provided opportunities to put to use procedures taught in the class.

4. YOUR TRAINING OBJECTIVES

My objective in attending the course was to expand my knowledge of the procedural matters involved in properly processing adverse actions.

5. EVALUATION OF PROGRAM (Include: a. Strengths and weaknesses of program. b. Identify any outstanding speakers and their specific topics or area of instructional competence.)

There is very little to criticize about the course. It was exceedingly well-organized but was managed with an informality which made for a pleasant, relaxed atmosphere. The instructors were well-informed and better than average speakers. Mr. Loy Wood on RIF and Mr. George Irasarrri on Adverse Actions were particularly competent.

Although the course was not designed for students from excepted agencies, much of the instruction could have an application at CIA insofar as proper preparation of adverse actions is concerned. While our obligation to our employees is not governed by the CSC, their procedures to a large degree may be applied here.

As noted in #3 above, class instruction was augmented by workshop sessions. These workshops were particularly valuable since they helped the students learn to apply the rules in practical situations. In fact their more efficient use could have made them even more valuable. More time could have been given over to these practical exercises which would have reduced the mild confusion which seemed present as each team of students strove to prepare its response to the practical problem.

6. ATTACHED ARE

TRANSCRIPT OF GRADES

YES

X NO

CERTIFICATE OF COMPLETION

X

YES

25X1

7. I CERTIFY THAT I ATTENDED THE TRAINING PROGRAM DESCRIBED ABOVE.

NOTE: Upon receipt of this report, with attachments as applicable, a certification of completion will be forwarded to the Office of Personnel for inclusion in your official folder.